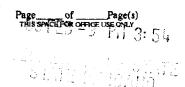
LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)



(Type or print clearly in black ink)
See Instructions at bottom of page

Lobbyist's name and permanent business address

Andrew R. Baldonaldo

Anheuser-Busch Companies, Inc.

15800 Roscoe Bivd., Van Nuys, CA 91406-1379

Date prepared

Period covered

month ending

(Mo.) (Day) (Yr.)

01 31 05

| Category of Expenditure leimbursed Personal Living and Travel expenses Pertaining to Lobbying Activity | * Total Amount for All Employers \$ 0.00 | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | | | | |
|--|---|---|----------------|----------------|----------------|--|--|--|
| Do Not Have to be Reported | | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 | | | |
| Entertainment Food and Refreshment | | s | \$ | \$ | \$ | | | |
| Living Accommodations | 0.00 | | | | | | | |
| Advertising | 0.00 | | | | | | | |
| Travel | 0.00 | | | | | | | |
| Telephone | 0.00 | | | | | | | |
| Other Expenses or Services | 0.00 | | | | | | | |
| Total | \$ 0.00 | \$ 0.00 | s 0.00 | \$ 0.00 | s 0.0 | | | |

*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

| Item | The totals | The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. | | | | | | |
|------|------------|---|--------|--|--|--|--|--|
| 2 | Date | Place | Amount | Names of Legislators & Public Officials in Group | | | | |
| 1 | None | | | | | | | |
| | | • | | | | | | |

Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 Anheuser-Busch Companies, Inc. Who should file this form: Any lobbyist registered under Section One Busch Place, St. Louis, MO 63118 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the No.2 month for activities of the past month. TO BE FILED WITH: No.3 Ben Yaursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

| Item 4 | Exper | ditures nal prop | tures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible property to any Legislator, or for or on behalf of any legislator. | | | | | | |
|-----------|-------------|---------------------|---|--|--|--|--|--|--|
| | Date Amount | | Name of Legislator Receiving or Benefited | | | | | | |
| | None | ct matter | of proposed legislat | tion, the number of the Sens: | Ī | LECISLATIVE SUB | JECT | IDENTIFICATION | |
| ltem 5 | | | | legislative activity in which | 1 | | | | |
| Subjec | | Bill, Re | rae supporting or of esolution or Other ive Ident. Number | | Cede 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 36 | senior citizens Church and religion Consumer affair Reology, environment, pollution, conservation, zening, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budges, appropriations, lids, fees, funds Government, county Government, folleral | Cede 17 18 19 20 21 22 23 24 25 26 27 28 29 30 | Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, petinits License, petinits Liquor Manufacturing, distribution and services Naharal resources, forest end forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, aslevisions, radio, newspaper, power, CATV, gas Other (please specify) | |
| | | | | above is a true, complete and n 67-6624 Idabe Code. | | | | | |
| | V signat | Bl | <u> </u> | 2/4/05 | • | | | | |